

Stone Rural District Council

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

W. D. T. BRUNYATE, D.M., D.P.H.,

FOR THE YEAR 1938.

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Stone Rural District Council.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

*To the Chairman and Members of
the Stone Rural District Council.*

Mr. Chairman, Lady and Gentlemen,

I beg to submit to you herewith my annual report for the year 1938. By the time it is in your hands I shall have left your service, to take up my appointment with the Ministry of Health.

To those members of the Council who have rendered me any assistance in the discharge of my duties I tender my grateful thanks : also to your Clerk and to your Sanitary Inspector and his staff, for invaluable assistance.

I have the honour to be, Lady and Gentlemen,

Your obedient Servant,

W. D. T. BRUNYATE,

Medical Officer of Health.

Staff of the Public Health Department.

Medical Officer of Health :

W. D. T. BRUNYATE, D.M., D.P.H., who is also Medical Officer of Health for the Urban District of Stone, and an Assistant County Medical Officer for Staffordshire.

Medical Superintendent of the Stone Joint Isolation Hospital, Yarnfield (part time) :

J. R. O'DONNEL, M.B., CH.B., B.A.O., who also deputises for the Medical Officer of Health during his annual leave etc.

Sanitary Inspector and Meat Inspector :

W. HAWKES, C.R.S.I., who is also Surveyor and Inspector under the Housing, Petroleum, and Canal Boats Acts.

Assistant Sanitary Inspector :

A. HOLMES.

Clerk in the Sanitary Inspector's Department :

B. K. LOVATT.

A. Statistics and Social Condition of the Area.

Area (in acres) 64,094.

Population (Registrar-General's estimate of resident population mid-1938) 12,290.

Number of inhabited houses (end of 1938) according to Rate Books, 3679.

Rateable value £69,827.

Sum represented by a penny rate, £275.

Your district remains predominantly agricultural, but the projected development by Messrs. Wedgwood in Barlaston will render this area somewhat industrial. Negotiations have proceeded with Messrs. Wedgwood during the year with regard to this development.

Bye-Laws in Force in the Area.

Bye-Laws made by the Council are now in force with regard to the following subjects :—

- New Streets.
- New Buildings.
- Common Lodging Houses.
- Dustbins.

Vital Statistics.

These statistics give particulars of the births and deaths in the district, and shew various "rates," which are compared, where possible, with those for England and Wales. A complete list of the causes of death will be found in Table 18 at the end of the report. It must be realised that the numbers concerned are small, and that the "rates" calculated from them must not be relied upon as a basis for any conclusions about conditions in the area.

Table 1. Births and Deaths.

	Total	Male	Female
Live Births	154	82	72
	3	2	1
Still Births	11	7	4
Deaths of Infants under one year...	13	10	3
Total Deaths...	135	72	63

Table 2. Deaths from certain specified diseases.

Number of deaths (included in the above) from :—

Cancer (all ages)	...	...	...	23
Measles (all ages)	...	...	...	0
Whooping Cough (all ages)	...	...	...	0
Diarrhoea (under two years of age)		...	...	1

Deaths from Puerperal causes :—

	Deaths in Stone R.D.	Rate per 1000 total (live and still) births.	
		Stone R.D.	England & Wales
Puerperal Sepsis	0	0	0.86
Other puerperal causes	1	5.95	2.11
Total	1	5.95	2.97

Table 3.

Birth and Death Rate.

		Stone Rural District	England and Wales
Birth Rate per 1000 population	... ...	12.7	15.1
Still Birth Rate per 1000 total (live and still) births	... ... ... ...	65.4	38.2
Crude Death Rate per 1000 population	...	10.9	
*Corrected Death Rate per 1000 population	...	10.0	11.6
Death Rate of Infants under 1 year per 1000 live births	... ... ... ...	82	53
Death Rate of Legitimate Infants per 1000 legitimate live births	.. ...	84	not available
Death Rate of Illegitimate Infants per 1000 illegitimate live births	... ...	0	not available

*Note—The corrected Death Rate is obtained by multiplying the crude Death Rate by the factor 0.92. This factor is supplied by the Registrar-General and serves to make the rate for the district comparable, from the point of view of mortality, with the Death Rate of the country as a whole, or with the Death Rate (similarly modified) of any other district.

B. General Provision of Health Services for the Area.

Staff.

The names of the members of the staff of your Public Health department are set out on page 3 of this report. No changes occurred during the year, but your Medical Officer of Health is leaving on February 4th to take up an appointment as a Medical Officer on the staff of the Ministry of Health. His successor is Dr. R. A. Leader, who has been working under the Staffordshire County Council for the past two years.

It is my duty to report that the Sanitary department is now definitely under-staffed. Your Sanitary Inspector, Assistant Sanitary Inspector and clerk in the department, are all working at full pressure, but even so much necessary sanitary inspection is being left undone. As a result of recent legislation on Public Health, Housing, Air Raid Precautions, etc., the duties falling to be performed by a Surveyor and by a Sanitary Inspector have been enormously increased. The houses which you are proposing to build for Rural Workers will add still further to the work in this department and I think that the Council should consider the appointment of an additional official in the very near future.

Water supplies rightly occupy a great deal of the time and thought of the Council; and it must be remembered that they also entail a vast amount of work on the part of the officials concerned.

Laboratory Facilities.

The examination of water, food stuffs, and also bacteriological and pathological material sent by General Practitioners, is undertaken by the County Laboratory, Stafford.

Table 4. Bacteriological and Chemical Examination of Water.

Bacteriological examination of water supplies...	Satisfactory	33
	Unsatisfactory	81
	Total	...
		114
Chemical examination of water supplies	... Satisfactory	41
	Unsatisfactory	31
	Total	...
		72
Chemical examination of stream water	Unsatisfactory	1

Ambulance Facilities.

These remain as reported in previous years, and are reasonably adequate for the requirements of the district. One ambulance, which belongs to the Stone R.D.C. and Stone U.D.C., is kept at the Stone Fire Station and is controlled by the Joint Fire Brigade Committee. It is driven by the driver of the Fire Engine, and is available for removal to hospital of sick persons, or those involved in accidents, at a standard charge. This ambulance was given to the two Councils by Messrs. Joule early in 1937, and it replaced an older one which has since been disposed of.

Another ambulance is available for infectious disease patients and is kept at the Isolation Hospital at Yarnfield. It is the property of the Stone Joint Hospital Board.

Infant Welfare Centres.

These are provided at Stone and Eccleshall by the Maternity and Child Welfare Committee of the County Council. The Health Visitor is in charge in each case and I attend (as part of my County Council duties) as Medical Officer. We are very much indebted to voluntary helpers at both centres for providing tea for the mothers, and for other assistance.

Table 5.

		1935	1936	1937	1938
STONE. No. of Sessions	... ... ...	49	46	48	47
Attendances of Infants (total)	... ...	2795	2334	2652	2752
Attendances of Infants (from Rural District)		426	489	505	401
ECCLESHALL. No. of Sessions	... ...	49	50	51	50
Attendances of Infants	... ...	481	703	826	853
Attendances of Ante-Natal cases	...	9	10	9	22

The National Campaign for the use of Health Services.

Numerous pamphlets were distributed, and posters were displayed, but otherwise no special action was taken with regard to this campaign. In the more rural parts of the district clinics, infant welfare centres, tuberculosis dispensaries, etc., are unfortunately only available at a considerable distance. Where they are easily available the population are not slow to take advantage of them, as is shown by the excellent attendance figure of children from the rural district at the Stone infant welfare centre.

I regard it as regrettable that such facilities are not yet available in Barlaston.

Hospitals.

The Stone Joint Isolation Hospital Board consists of representatives of Stone R.D.C. and Stone U.D.C., and is responsible for the provision of an Isolation Hospital at Yarnfield, and also a disused hospital in the same neighbourhood which is available for cases of smallpox.

At the Isolation Hospital the block formerly used by County Council Tuberculosis patients has been re-conditioned during the year. Thus there is now accommodation for 16 Scarlet Fever patients and 16 Diphtheria patients. Plans for the provision of a few observation cubicles are still under consideration.

The agreement mentioned last year whereby infectious disease patients from Uttoxeter Urban and Rural Districts are received at Yarnfield is still in force; so are the "overflow" agreements whereby, if our hospital is full, patients from our district can be received at the Newcastle or Stafford Hospitals, or vice versa.

Dr. O'Donnell reports :—

"The following 128 patients were received at the Yarnfield Isolation Hospital during the year :—

Table 6.

	From Stone R.D.C.	From Stone U.D.C.	From Uttoxeter.	From other Authorities
Scarlet Fever	... 41	7	44	2
Diphtheria	... 18	3	6	2
Erysipelas	... 1	1	—	—
Enteric Fever	... —	—	1	—
Other Diseases	... —	—	1	1

Only one patient died in the Hospital during the year—a case of diphtheria from Uttoxeter."

Mortuary.

During the year arrangements were come to with the Public Assistance Committee of the County Council for the reception at the Mortuary at Trent House, Stone, of bodies from the Rural District.

C. Sanitary Circumstances of the Area.

Water Supplies.

The more I see of conditions in the district the more keenly dissatisfied I feel with the water supplies in large parts of your area. Progress has been made during the year, but it is disconcertingly slow.

The Eccleshall and Chebsey Water Works commenced to supply water in Eccleshall, Croxton, Chebsey, Norton Bridge and Shallowford in June ; and they were formerly opened by the Chairman of the Council and the Chairman of the Eccleshall and Chebsey Water Supply Committee on October 6th. Thus at last this large part of your district has available a supply of pure and wholesome water, and I believe that the inhabitants of these villages will soon look back to the time before 1938 and wonder how they managed to exist at all. Comparatively few properties are as yet connected to the mains, but the number is constantly increasing, and your Sanitary Inspector will exert pressure upon property owners to persuade them to connect.

Yarnfield is less fortunate than Eccleshall. However, a Ministry of Health inquiry was held on November 4th into the Council's proposal to supply water in the village by means of stand pipes, and on the 5th of December we received the approval of the Minister to the proposed source of supply. It is much to be hoped that work will now proceed rapidly. Under the proposed scheme pressure will not be provided, as would be necessary if the water were to be taken into the houses ; but it is my hope that in the course of time the Council will see their way to provide some form of boosting apparatus for this purpose.

In the meantime there is no reason why individual property owners should not instal electric motors for this purpose on their own premises ; and even in cases where this is not done, the stand pipes will enable house-holders to fetch pure water for drinking purposes, instead of drinking the grossly polluted stream water previously available.

The position in Slindon has not improved since I reported last year, and those who dwell in this village are still drinking water which is totally unfit. Negotiations are in progress, but they are inevitably very slow, and meanwhile nothing can be done.

Fair Oak and Hookgate are both without suitable drinking water. Negotiations have proceeded during the year.

At Saverley Green the Staffordshire Potteries Water Board (by agreement with this Council) laid water mains early in the year ; and accordingly pure water is now available.

At Hilderstone, Moss Gate and Fulford the cost of extension of the Potteries Water Board mains proved prohibitive. Thus for the present Fulford must remain dependant upon it's village pump, and Hilderstone and Moss Gate must remain without pure water. I think however it will be agreed that such a position can never be regarded as final.

Milwich, Burston and Moddershall are likewise without even the prospect of the provision of pure water.

Early in 1938 it came to my notice that the water being supplied in Hanchurch by the Trentham Estate was polluted. The suppliers gave us every assistance, but extensive investigations revealed that this water was contaminated even where it issues from the rock. An alternative supply for this village is under consideration.

Last year I reported that Tittensor received it's supply from the Potteries Water Board. But early in 1938 I discovered that this was true of only a small part of the village. Most of the houses receive their supply from the "Dolphin Springs" by way of mains owned by the Trentham Estate. The water at the springs is of good quality, but the mains are in bad order and the water when it reaches Tittensor is grossly polluted. The position is receiving the attention of the Council.

Altogether 114 samples of drinking water were taken during the year. All were submitted to bacteriological examination, and 72 to chemical analysis in addition. The Bacteriologist passed 33 as suitable for drinking purposes, and condemned 81 as showing sewage pollution. Of the 33 passed by the bacteriologist, 5 were condemned by the analyst, leaving only 28 (out of a total of 114) regarded as fit for drinking purposes. The source of these 28 good samples was in 8 cases the Council's new water supply at Eccleshall, in 5 cases the Dolphin Springs, in 1 case the proposed new source of supply at Yarnfield, and in 14 cases sundry wells, pumps, and other sources.

From the foregoing paragraphs the magnitude of the water supply problem is very evident. It cannot be solved in a day, but it must remain a constant anxiety upon the minds of the Rural District Council, their Medical Officer of Health, their Sanitary Inspector and his staff.

Table No. 7 analyses, as in recent years, the water supplies at the schools in your district. It shows improvement from year to year, but I submit that the position it reveals gives no cause for complacency.

Table 7.

School	Type of Closets	Water Supply	Comments
Barlaston	Water Closets	Supplied by Staffordshire Potteries Water Board	Good.
Cotes Heath	Privy	Supplied by Stone U.D.C....	Good.
Oulton	Water Closets	Supplied by the new mains from the Council's bore-hole at Croxton	Good.
Standon	Pail	...	Examined on 18-11-37. Unfit for drinking owing to presence of large amounts of ferrous iron.
Swynnerton	Water Closets	...	Examined on 13-12-37. Satisfactory, but has to be carried a considerable distance.
Aston-by-Stone	Earth	...	Crude water unfit for drinking. Satisfactory after filtration. (Analysed in 1936).
Eccleshall	Water Closets	...	Crude water unfit for drinking (Analysed 1936). Filter in use.
Chebsey	Pail	...	Unfit for drinking (Analysed 1936).
Croxton	Pail	...	Water satisfactory when analysed on 14-2-38.
Fulford	Earth	{ School Pump ... Village Pump ...	Water unsatisfactory when analysed on 13-9-38.
Hilderstone	Pail	Pump ...	Unfit for drinking (Analysed 1936) and 1937.
Milwich, Coton.	Earth	Pump ...	Unfit for drinking (Analysed 1936).
Moddershall	Pail	Well ...	Water unsatisfactory when analysed on 13-9-38.
Offey Hay	Pail	Pump ...	Unfit for drinking (Analysed 1936).
Sandon	Privy	Pump ...	Unfit for drinking (Analysed 1936).
Slindon	Privy	Piped Supply. See page 7 ...	Unfit for drinking (Analysed 1936).
Yarnfield	Earth	Pump. See Page 7 ...	Unfit for drinking (Analysed 1936).
Tittensor	Water Closets..	Piped Supply. See page 8 ...	Unfit for drinking (Analysed 3-3-38 and 28-7-38).

Drainage and Sewage Disposal.

This subject has begun to claim the close attention of the Council. The position was set out in detail in my predecessor's annual reports for 1935 and 1936; and it has not improved at all since then.

At Eccleshall the existing Sewage Works are inadequate for their purpose, and it will very soon be necessary to reconstruct them.

At Barlaston the present position is very bad, and the Wedgwood development renders the problem very urgent. Negotiations appear to be nearing completion.

During the year it has become probable that the Sewage Works at Blythe Bridge, of which this Council are part owners, will have to be abandoned. Thus the sewage which is now treated there, together with that which might otherwise have been dealt with had those works been enlarged, may have to be conveyed elsewhere. The problem is a large one and upon the outcome of the negotiations involved may well depend the financial position of several of the parishes in the Stone Rural District for many years to come.

Public Cleansing.

The Council own a Scavenging Lorry, which collects refuse in the Swynnerton and Barlaston parishes, the area covered having been increased during the year.

The following places are scavenged by contract :—

In Stone Rural Parish, Oulton, Moddershall, Leadendale and Meir Heath; in Fulford Parish, Blythe Bridge, Stallington, Fulford and Cross Gate; and in Eccleshall Parish, the Eccleshall special drainage district.

Sanitary Inspection of the area.

A summary of the work done in the Public Health Department is tabulated below. More detailed accounts of inspections will be found under the appropriate headings.

Table 8.

	No. of Inspections	Notices Served		Nuisances abated after Notice	
		Informal	Formal	Informal	Formal
Dwelling Houses	305	69	5	3
Bakehouses	18	1	—	—
Cowsheds and Dairies	208	86	—	—
Slaughter Houses	66	—	—	—
Factories and Workshops	...	23	1	—	—

Visits to premises for the purpose of disinfection after Infectious Disease—62.

Shops and Offices.

Smoke Abatement.

Eradication of Bed Bugs.

No action under these heads has been taken during the year, for none has appeared necessary.

Camping Sites.

No licences have been issued under Section 269 of the Public Health Act, 1936, and so far as I am aware no camping has taken place in the district, except at Kibblestone Camp which is organised by the Staffordshire County Boy Scouts Association.

Swimming Baths and Pools.

The open-air swimming bath in Trentham Park, with its Chloramine purification plant, remains satisfactory.

Schools.

The Schools in your district are controlled by the Staffordshire County Council Education Committee. On the whole the standard of accommodation is good. As an assistant school medical officer under the County Council I visit all the schools regularly to inspect the children in attendance, and I also have an opportunity to criticise the premises. As a result of such criticisms a slow but steady improvement takes place.

D. Housing.

Housing Statistics.

Table 9. Number of new houses erected during the year :—

i.	By the local authority	...	...	Nil
ii.	By other local authorities	...	...	Nil
iii.	By private enterprise	...	...	84
				—
	Total	...	84	—
				—

The houses owned by the Council still number 94; 22 were built under the Housing Act, 1919, 68 under the Housing Acts, 1923-24, and 4 under the Housing Act, 1925. No Council houses were sold during the year. The Council are at present considering the erection of further houses for agricultural workers under the Housing (Financial Provisions) Act, 1938.

During the year the Stoke-on-Trent City Council have constructed the Stallington Hall Mental Colony in Fulford parish. This consists of nine Ward Blocks, Central Administrative Offices,

Workshops, a Nurses' Home, a house for the medical officer and four cottages for employees. Arrangements for sewage disposal have not yet been completed, and none of the buildings are as yet occupied. Accordingly they have been excluded from the above table.

Table 10.

Distribution of houses, and new houses erected in 1938, by Parishes :—

Parish	No. of Houses on Dec. 31st, 1937	No. of Houses demolished during 1938	No. of Houses erected in 1938
Barlaston	463	—	3
Chebsey	136	—	—
Eccleshall	995	2	6
Fulford	512	—	36
Hilderstone	91	—	—
Milwich	118	—	—
Sandon	158	—	—
Standon	97	—	—
Stone Rural	511	—	10
Swynnerton	601	—	29
	3682	2	84

Table 11.

I. Inspection of dwelling houses during the year 1938 :—

i (a)	Total number of houses inspected for housing defects (under Public Health or Housing Acts) ...	203
(b)	Number of inspections made for the purpose ...	305
ii (a)	Number of dwelling houses (included under the sub-head i above) which were inspected and recorded	142
(b)	Number of inspections made for the purpose ...	151
iii	Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	10
iv	Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	178

II. Remedy of defects during the year without service of formal notices :—

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their Officers ...	53
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III. Action under Statutory Powers during the year :—

(A) Proceedings under Sections 9, 10 and 16 of the Housing Act 1936.

i Number of dwelling houses in respect of which notices were served requiring repairs	22
ii Number of dwelling houses which were rendered fit after service of formal notices :—	
(a) By owners	4
(b) By Local Authority in default of owners	nil

(B) Proceedings under Public Health Acts :

i Number of dwelling houses in respect of which notices were served requiring defects to be remedied	35
ii Number of dwelling houses in which defects were remedied after service of formal notices :	
(a) By owners	4
(b) By Local Authority in default of owners	nil

(C) Proceedings under Sections 11 and 13 of the Housing Act, 1936 :

i Number of dwelling houses in respect of which Demolition Orders were made	7
ii Number of dwelling houses demolished in pursuance of Demolition Orders	2

(D) Proceedings under Section 12 of the Housing Act, 1936 :

i Number of separate tenements or underground rooms in respect of which Closing orders were made	nil
ii Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	nil

IV. Housing Act, 1936, Part IV : Overcrowding :—

(a) (i) Number of dwellings overcrowded at the end of the year	31
(ii) Number of families dwelling therein	31
(iii) Number of persons dwelling therein	195
(b) Number of new cases of overcrowding reported during the year	nil
(c) (i) Number of cases of overcrowding relieved during the year	1
(ii) Number of persons concerned in such cases ...	3½

(d) Particulars of any cases in which dwelling houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding nil

E. Inspection and Supervision of Food.

Milk Supply.

A large quantity of Milk is produced in your district, largely for consumption elsewhere. The total number of Dairy Farm premises on December 31st, 1938, was 590, as shown in the following table.

53.5% of the farms now produce Accredited Milk, the corresponding percentage a year ago being 52.5%; but there is now no Tuberculin Tested Milk produced whereas a year ago there were two farms producing such Milk.

There is still no Milk Pasteurisation plant in the district.

Samples of Milk for bacteriological and chemical examination are collected by the County Council.

Number of Dairy Farm premises by Parishes,
Table 12. together with grade of milk produced.

Parish	Total	T.T. Milk	Accredited	Non-graded milk
Barlaston	46	—	24	22
Chebsey	19	—	17	2
Eccleshall	169	—	87	82
Fulford	50	—	23	27
Hilderstone	37	—	20	17
Milwich	59	—	32	27
Sandon	52	—	37	15
Standon	19	—	11	8
Stone Rural	85	—	50	35
Swynnerton	54	—	15	39
Total	590	—	316	274

Milk production in the district during the past four years.

End of year	Total number of dairy farms	Number producing T.T. Milk	Number producing Accredited Milk	Percentage of total at which T.T. or Accredited Milk was produced
1935	526	—	195	37.0
1936	559	2	287	51.7
1937	590	2	308	52.5
1938	590	—	316	53.5

Meat Inspection.

Your Sanitary Inspector is also Inspector of Meat, and he visits the slaughter houses in the district as frequently as is possible in view of his manifold duties. There can be no doubt however that these visits are very much less frequent than they should be, and this is a department of the work which will have to be greatly increased when additional staff is available.

Under the Tuberculosis Order, 1938, 48 notices were received from the veterinary staff acting under the Ministry of Agriculture informing us that animals regarded as Tuberculous were to be slaughtered in our district. It has not even always been possible for the inspector to be present when these animals have been killed.

Table 13, shows the results of meat inspection. The number of animals slaughtered in the district during the year is not known.

Table 13. Carcasses Inspected and Condemned.

	Cattle, excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number inspected ...	98	383	24	219	88
<i>All diseases except Tuberculosis :</i>					
Whole carcasses condemned	2	16	—	7	—
Carcases of which some part or organ was condemned	—	45	—	26	—
Percentage of the number inspected affected with disease other than Tuberculosis	2·0%	15·9%	—	15·1%	—
<i>Tuberculosis only :</i>					
Whole carcasses condemned	—	58	—	—	—
Carcases of which some part or organ was condemned	—	26	—	—	—
Percentage of the number inspected affected with Tuberculosis	—	21·9%	—	—	—

Nutrition.

No special action has been taken during the year to increase the knowledge of the public on this subject. At my visits to the various schools in your district (in my capacity as an Assistant School Medical Officer under the County Education Committee) the subject is constantly in my mind and I have numerous opportunities to advise individual parents on methods for improving the nutrition of their children. The same is true at the Infant Welfare Centres. I also have the active assistance of the County Health Visitors, and of the Health Visitor Lecturer.

I believe that this individual action is probably more useful than any formal lectures or other form of propaganda would be. But it is possible that it might be useful to offer to give short talks at meetings of Women's Institutes and Mothers' Unions.

F. Infectious Diseases.

Scarlet Fever was the only notifiable infectious disease which was prevalent in the district during the year. There were 57 notifications, and 40 cases were removed to the isolation hospital. None of the cases was very severe. This disease caused some anxiety in Barlaston in June, but the number of cases was really small.

At Fulford and Moss Gate in November, Scarlet Fever and Measles were both epidemic. The School was closed for ten days with excellent results. The other cases of Scarlet Fever were scattered throughout the district and throughout the year.

Dysentery provided 11 notifications early in the year, but died out in the middle of February. It appeared as if the Christmas School holiday brought about the termination of the epidemic in Eccleshall. Five of the notifications (in January) were from Standon Orthopædic hospital.

Diphtheria has given rise to 18 notifications, widely scattered in time over the year, and in space over the district. 4 of them were from Standon Orthopædic hospital. All the 18 cases were treated in the isolation hospital.

Early in the year a campaign for immunisation against Diphtheria, was started at Eccleshall. The parents of all children up to the age of 8 years in attendance at Eccleshall Central Church of England School were circularised offering immunisation for their children. The response was very gratifying for there were 69 acceptances out of 79 possibles. 68 children each received 3 injections of 1 c.c. of Toxoid Antitoxin Mixture, (Burroughs Wellcome) at fortnightly intervals. Later in the year 45 of these children were tested by the means of the Schick Test, and all were found to be immune to diphtheria. I am very pleased with the success which attended the introduction of Immunisation in your district, and I should like to express my thanks to the Education Department of the County Council for their co-operation ; and also to the Headmaster of the Eccleshall School for his help, without which an 87% acceptance rate would have been quite impossible.

On this occasion it was not found possible to include pre-school children in the campaign, but I hope that in future years this may be arranged. It is intended to continue the campaign in Eccleshall and to extend it on similar lines to other parts of the district as occasion demands and opportunity offers. It may be of interest to print here the circular which was sent to parents in Eccleshall.

Staffordshire Education Committee.

Telephone :
Stafford 577.

Medical Services Department,
County Public Health Offices,
Martin Street, Stafford.

IMMUNISATION AGAINST DIPHTHERIA.

Dear Sir or Madam,

One of the most serious diseases to which children are liable is diphtheria, and during the last few years the disease has been prevalent in this county and has been responsible for several deaths among school children. Fortunately it has now been found possible to protect most children against diphtheria and its dangers by very simple means. This treatment is carried out by giving small inoculations into the skin of the arm at intervals. This is painless and only in a very few cases causes any discomfort. The full protection against the disease increases gradually, and certainly lasts for several years, at any rate for the time during which the children attend school. The treatment will be carried out free of charge by the School Doctor.

If all children in the Elementary Schools received this treatment, the disease would be stamped out, and many lives saved each year. Arrangements can be made for the treatment to be carried out at school for those children whose parents wish to protect them.

The protection obtained by this treatment will enable your child to attend school and mix with his playmates without risk even when the disease is prevalent in the district and therefore you are strongly advised to have them protected.

REMEMBER :—

Vaccination will not protect from diphtheria, inoculation will.

Delay is dangerous. All children run the risk of catching diphtheria.

The disease develops very quickly and a case may be hopeless within 24 hours of the onset.

The younger the child the more likely is the case to be fatal, the greatest number of cases and deaths occur in children between 2 and 8 years of age.

The protection takes some months to develope—sometimes nine months-- so it is very important to have the children protected while they are young. Do not wait until there is diphtheria in the family or neighbourhood.

There is no scab or scar and the treatment is very simple and practically painless—just a needle prick in the arm on three occasions at fortnightly intervals.

If you decide to have your child protected, please give your consent by signing your name in the space provided on this form.

Yours faithfully,

Head Teacher.

I desire that my child.....WHO HAS NOT PREVIOUSLY BEEN IMMUNISED, should be protected against diphtheria and the protection confirmed later by the Test.

(Signed).....

Parent or Guardian.

Date..... Address.....

(17.9.37, M.F.)

Table 14.

Notifiable Diseases.

	DISTRIBUTION OF CASES IN AGE GROUPS							CASES IN EACH PARISH							DEATHS MOVED to Hospital Swynnerton Stone Rural Sandon Milwich Hilfrod Fullford Eccleshall Chebsey Barlaston TOTAL								
	Under 1	1	2	3	4	5	10	15	20	35	45	65											
	1	+	+	+	+	+	+	+	+	+	+	+											
Small Pox								
Diphtheria, including membranous croup	1	5	4	4	2	2	...	18	1	2	2	6	3								
Scarlet Fever	2	3	3	28	14	3	...	4	57	11	4	18	10								
Enteric, including Paratyphoid								
Puerperal Pyrexia								
Pneumonia	1	...	...	1	...	2	2	1	1	8	...	1	3						
Erysipelas	1	...	1	...	...	1								
Dysentery	1	...	2	...	2	1	1	...	11	...	1	4	5								
Other Notifiable Diseases..								
TOTAL ...											95	12	2	15	19	12	4	3	12	7	9	61	4

TUBERCULOSIS.

Table 15. New Cases and Mortality during 1938.

AGE Periods (in years)	NEW CASES				DEATHS			
	Pulmonary		Non Pulmonary		Pulmonary		Non-Pulmonary	
	Male	Female	Male	Female	Male	Female	Male	Female
1—	...	...	...	...	...	...	...	...
1+	...	...	...	2	...	...	...	...
5+	1	...	2	1	...	...	...	...
10+	...	...	...	...	...	...	...	1
15+	...	...	...	...	...	...	...	...
20+	...	1	...	...	...	1	...	...
25+	...	...	...	...	...	...	...	...
35+	1	...	...	...	1	...	...	...
45+	...	...	...	...	1	...	...	...
55+	1	...	...	...	...	1	...	...
65+	...	1	...	...	...	1	...	...
Age not known	...	...	...	...	...	...	...	...
TOTAL	3	2	2	3	2	3	0	1

During the year no death from Tuberculosis occurred amongst persons not previously notified.

Table 16. No. of Cases on the Tuberculosis Register for the District at the end of the last five years.

Year	Pulmonary		Non-Pulmonary		Total
	Male	Female	Male	Female	
1934	36	32	11	23	102
1935	22	24	4	11	61
1936	16	15	7	8	46
1937	19	18	8	9	54
1938	16	17	8	8	49

Table 17. No. of New Cases and Deaths in the last five years.

YEAR	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non Pulmonary	
	Male	Female	Male	Female	Male	Female	Male	Female
1934	7	6	9	4	1	1	1	0
1935	4	7	1	2	1	2	0	0
1936	5	2	4	3	6	3	0	2
1937	5	3	1	2	0	0	0	1
1938	3	2	2	3	2	3	0	1

Public Health (Prevention of Tuberculosis) Regulations 1925
Public Health Act 1936 (Section 172)

No action has been taken under the above
Regulations and Act.

Table 18.
Causes of Death.
 in Stone Rural District, 1938,
classified according to the Registrar-General's Short List of Causes.

	Causes of Death.			Male	Female
1	Typhoid and Paratyphoid	...	...	—	—
2	Measles ...	...	...	—	—
3	Scarlet Fever	...	...	—	—
4	Whooping Cough	...	...	—	—
5	Diphtheria	...	...	—	—
6	Influenza	...	...	—	3
7	Encephalitis Lethargica	..	...	—	—
8	Cerebro Spinal Fever	...	..	—	—
9	Tuberculosis of respiratory system	...	...	2	3
10	Other Tuberculous Disease	...	...	—	1
11	Syphilis ...	...	...	—	1
12	General paralysis of the insane, tabes dorsalis	...	—	—	—
13	Cancer-Malignant Disease	...	...	10	13
14	Diabetes ...	...	...	1	2
15	Cerebral Hæmorrhage	...	...	3	5
16	Heart Disease	.	...	21	12
17	Aneurysm	...	...	1	—
18	Other Circulatory Diseases	...	...	3	3
19	Bronchitis	...	...	1	—
20	Pneumonia—all forms	...	...	4	—
21	Other Respiratory Diseases	...	...	—	—
22	Peptic Ulcer	...	...	—	—
23	Diarrhoea, etc., under 2 years	...	..	1	—
24	Appendicitis	...	...	1	—
25	Cirrhosis of Liver	...	..	—	—
26	Other Diseases of Liver	...	..	—	—
27	Other Digestive Diseases	...	...	2	2
28	Acute and Chronic Nephritis	...	...	3	2
29	Puerperal Sepsis	...	...	—	—
30	Other Puerperal Causes	...	...	—	1
31	Congenital Debility, Premature Birth, Malformation, &c.	...	—	4	2
32	Senility .	...	...	3	2
33	Suicide ...	...	...	1	2
34	Other Deaths from Violence	...	...	4	2
35	Other Defined Diseases	...	...	7	7
36	Other Diseases Ill-defined or Unknown	...	—	—	—
Total Deaths			...	72	63

Administration of the Factory and Workshop Act, 1901, and the Factories Act, 1937.

I. Inspections for purposes of provisions as to health (including inspections made by Sanitary Inspectors).

Table 19.

Premises	Number of		
	Inspections	Written Notices	Occupiers Prosecuted
Factories with mechanical power ...	8	—	—
Factories without mechanical power ...	5	—	—
Other premises under the Act (excluding outworkers' premises) ...	10	1	—
TOTAL	23	1	—

II. Defects found.

Table 20.

Premises	Number of Defects	
	Found	Remedied
Want of cleanliness	—
Overcrowding	—
Unreasonable temperature	—
Inadequate ventilation	—
Ineffective drainage of floors	—
Sanitary Conveniences { insufficient	—
unsuitable or defective	1
not separate for sexes	—
Other offences	—
TOTAL ...	1	—
Outwork in unwholesome premises	—

No cases were referred to H.M. Inspector and no prosecutions were instituted.

